

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/786972**

FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED |      | AFTER<br>1st AMENDMENT |        | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|--------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP.   | IND.                   | DEP. |
| 1            | /        |      | /                      |        |                        |      |
| 2            |          | /    |                        | /      |                        |      |
| 3            |          | /    |                        | /      |                        |      |
| 4            |          | /    |                        | /      |                        |      |
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| 6            |          | /    |                        | /      |                        |      |
| 7            |          | /    |                        | /      |                        |      |
| 8            |          | 7    |                        | /      |                        |      |
| 9            |          | ③    |                        | /      |                        |      |
| 10           |          | ③    |                        | /      |                        |      |
| 11           |          | ③    |                        | /      |                        |      |
| 12           |          | ③    |                        | /      |                        |      |
| 13           |          | ③    |                        | /      |                        |      |
| 14           |          | ③    |                        | CANCEL |                        |      |
| 15           |          |      |                        |        |                        |      |
| 16           |          |      |                        |        |                        |      |
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| TOTAL IND.   |          | ↓    |                        | ↓      |                        | ↓    |
| TOTAL DEP.   |          | ↓    |                        | ↓      |                        | ↓    |
| TOTAL CLAIMS |          |      |                        |        |                        |      |

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|--------------|------|------|------|------|------|------|
|              | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51           |      |      |      |      |      |      |
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| 99           |      |      |      |      |      |      |
| 100          |      |      |      |      |      |      |
| TOTAL IND.   |      | ↓    |      | ↓    |      | ↓    |
| TOTAL DEP.   |      | ↓    |      | ↓    |      | ↓    |
| TOTAL CLAIMS |      |      |      |      |      |      |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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